

NHB/NMRTC Bremerton *Caduceus*

A Monthly Recap of info, insight & issues for February, 2021



Weathering the Winter Whammy – Influenza and COVID

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — It's a double whammy that public health experts across the country had indicated could happen.

The ongoing pandemic outbreak has overlapped with the annual influenza season.

Military medical treatment facilities like NHB/NMRTC Bremerton are at the fore to help eradicate the pandemic as well as prevent and protect patients from the flu.

Defense Health Agency (DHA) officials had indicated in early December, 2020 that although Influenza-Like-Illness (ILI) had been off the radar since April, it does tend to peak during the winter months, which has been the case in the Pacific Northwest the last few years.

The Director of the Centers for Disease Control and Prevention (CDC) recommended in October, 2020, that 65 percent of adults and children be vaccinated against the flu because of the potential simultaneous demand on healthcare systems due to COVID-19 and the flu.

NMRTC Bremerton continues to provide flu vaccinations to all eligible beneficiaries, along with following the Department of Defense distribution plan for administering the COVID-19 vaccine to all active duty and reserve components, TRICARE Prime and TRICARE Select beneficiaries, and select DoD civilians and contract personnel authorized to receive immunizations from DoD.

During NMRTC Bremerton's 2020-2021 seasonal influenza campaign, over 2,250 flu shots were administered, including a staff pandemic influenza drill that also immun-



Preventing viral spread...Hospital Corpsman 3rd Class Mae L. Larimer helps patients and visitors at the medical clinic to daily mitigate any potential spread of the ongoing pandemic outbreak as well as seasonal influenza virus. In accordance with Centers for Disease Control and Prevention, one of the most effective mitigation measures is hand washing. Other effective methods include anyone to avoid touching their eyes, nose and mouth with unwashed hands; avoid close contact with sick people and maintain social distancing of at least six feet; cover cough/sneezes and discard used tissues and wash hands immediately afterwards; cover the nose and mouth with a face mask when around others; and clean/disinfect frequently touched surfaces at least daily (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton PAO).

ized approximately 750 staff members in less than 72 hours.

A weeklong clinic inoculated more than 2,000 patients, and preventive medicine personnel conducted workplace flu clinics for several tenant shore commands in the region.

Yet there are still those who have not received their flu shot, as well as those who have not voluntarily been administered the COVID-19 vaccine.



According to NMRTC Bremerton public health experts, even if someone has neglected to get their flu shot, they still have the opportunity to get the COVID-19 vaccine.

“There is not a contraindication to receiving a COVID and Influenza vaccine at the same time, per DHA guidance. However, we recommend at least three days of separation between the two to ensure side effects of flu vaccine are not confused with side effects of the COVID vaccine, or vice versa,” explained Dr. Dan Frederick, NHB/NMRTC Bremerton population health officer and public health emergency officer, who reached out to those staff members who had not gotten their flu shot to remind them to schedule

so it doesn’t interfere with receiving their COVID vaccine booster dose.

Frederick noted that healthcare workers in any hospital setting are considered to be at high risk of becoming infected with influenza and passing the infection to others, a similar concern with the COVID-19 virus.

“We strongly encourage everyone to get the flu vaccine. It’s now more important than ever due to the ongoing pandemic,” said Frederick, echoing CDC concerns. “It is especially important for pregnant women and people with chronic diseases like asthma and diabetes, and those that have weakened immune systems.

NMRTC Bremerton adheres to CDC advice that everyone - even those as young as six months - should get the influenza vaccine each year. There is also a phased plan to provide the COVID-19 vaccine to all eligible beneficiaries.



**Naval Hospital
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Capt. Shannon J. Johnson, MSC, Commanding Officer
Capt. Jeffrey Feinberg, MC (FS), Executive Officer
CMDM (AW/SW), Robert Stockton, Command Master Chief

According to the CDC, COVID-19 and influenza are both contagious respiratory illnesses, albeit each caused by infection from a different virus.

Influenza viruses cause mild to severe illness, whereas COVID-19 has caused serious illness in many, resulting in over 400,000 deaths in the U.S. alone. It can also take longer for someone to show they actually have symptoms of COVID-19.

Similar symptoms between the two include fever and/or chills, shortness of breath or difficult breathing, fatigue, sore throat, runny/stuffy nose, muscle pain/body ache, headache, and even vomiting/diarrhea.

It also can take at least one or more days after someone is infected by either virus to begin to experience any illness symptoms mentioned above. It usually takes longer for COVID-19 symptoms to develop.

There's similarities in even unintentionally sharing either viruses. For both, it's possible to spread the virus during a 24-hour period before experiencing any symptoms, even longer for someone with COVID-19.

Both viruses can be spread and shared from person to person, especially between those in close contact – six feet or less - with each other. Both are shared by droplets that occur when someone with the illness coughs, sneezes, or talks. The droplets spray out and land on someone else and get inhaled into their lungs. A person can also get physically

infected by shaking hands, touching a hand-rail or door knob that has the virus on it and then touching their own nose, eyes or mouth.

Both are hidden. They can be spread by someone not knowing they have either due to no symptoms apparent, or having mild symptoms, and even by those who never develop symptoms – asymptomatic.

Those who are at high risk - such as older adults, people with underlying medical conditions and those who are pregnant - can become severely sick by both viruses and possibly deal with a host of complications such as pneumonia, respiratory failure, and the worsening of chronic medical conditions.

Frederick, attests that immunization is a primary method of reducing seasonal influenza illness, along with helping to eliminate the pandemic.

Using a football analogy, Frederick stressed that with the COVID-19 vaccine being administered, “for ten month we’ve been playing defense against this virus. Now it feels like we’re finally on the offense.”

“And the influenza vaccination not only helps protect vaccinated individuals, but also helps protect entire communities by preventing and reducing the spread of the disease,” added Frederick.

There are also multiple steps for everyone to follow that can be done daily to mitigate the potential spread of both viruses.

One of the most effective is hand washing; avoid touching your eyes, nose and mouth with unwashed hands; avoid close contact with sick people and maintain social distancing of at least six feet; cover cough/sneezes and discard used tissues and wash hands immediately afterwards; cover your nose and mouth with a face mask when around others; and clean/disinfect frequently touched surfaces at least daily.

NHB/NMRTC Bremerton Webpage:
<https://bremerton.tricare.mil/>

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A Year Later - Continuing the Pandemic Eradication

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – It spread like the common cold, caught many unaware, and sparked global suffering.

The influenza illness of 1918 resulted in over 50 million deaths world-wide, including approximately 675,000 in the U.S., with countless others sickened.

Fast forward to today where the ongoing viral pandemic outbreak continues to approach the previous deadly contagion in fatalities, with currently more than 400,000 in the U.S. and illness, and generate global concerns. Multiple city, county and federal agencies continue to work to protect, prevent and preclude citizens from getting infected by COVID-19.

During its onset last year, the novel coronavirus was closely monitored by federal government lead agencies such as the U.S. Centers for Disease Control and Prevention (CDC). Department of Defense (DoD) healthcare professionals closely followed their lead, including those assigned to Navy Medicine Readiness and Training Center (NMRTC) Bremerton.

“This virus was followed very closely by the CDC and other public health officials. The concern was how contagious it was with human to human transmission,” said Dr. Dan Frederick, Navy Medicine Readiness Training Command (NMRTC) Bremerton population health officer and public health emergency officer (PHEO) who was monitoring the rapid-moving contagion.

Frederick and other command public health officers became increasingly aware of the all-encompassing need to coordinate and communicate with interagency and municipal partners to help stop the spread of the virus, especially when one of the earliest confirmed COVID-19 cases in the U.S. was in the greater Puget Sound region.

Although the viral respiratory illness at that time seemed far afield from NMRTC Bremerton, Frederick and other PHEOs knew better than to disregard the threat. Similar to carefully studying the measles outbreak in southern Washington State the previous year, command officials were again acutely aware that being forewarned is forearmed.

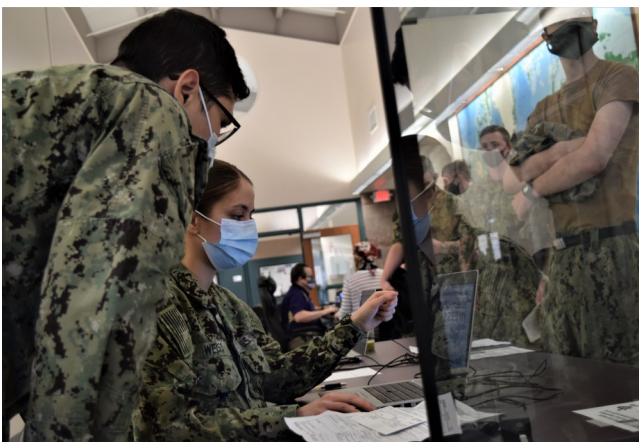
“The collaborative effort throughout the region allowed for consistent messaging and reassurance that the most up to date information was being passed to all stakeholders to keep our Navy family well informed and safe as possible,” commented Cmdr. Rob Uniszkiewicz, NMRTC Bremerton, NHB/NMRTC Bremerton public health director and head of the command COVID-19 working group.

That cooperative resolve continues on as efforts to eradicate the pandemic have added safe and effective vaccines to become proactive instead of reactive to the disease.

An initial shipment of the Moderna COVID-19 vaccine that received emergency use authorization (EUA) from the U.S. Food and Drug Administration arrived at NMRTC Bremerton on Dec. 22, 2020. COVID-19 vaccinations began the day after, Dec. 23, 2020.

“This vaccine allows us to ensure our staff are as protected as possible as we continue to provide care,” Uniszkiewicz said.

In conjunction with CDC, the DoD distribution plan for administering the vaccine at military medical treatment facilities like NMRTC Bremerton calls for prioritizing through a phased approach to vaccinate all active duty and reserve components, TRICARE Prime and TRICARE Select beneficiaries, along with select DoD civilians and contract personnel authorized to receive immunizations from DoD.



Using a football analogy, Frederick added, “for ten month we’ve been playing defense against this virus. Now it feels like we’re finally on the offense.”

As of Feb. 3, 2021, compiled COVID-19 statistics from all segments of Department of Defense - military, civilian, dependent and contractor - show 225,753 total cases, with 3,333 hospitalized, and 145,450 recovered.

There have been 252 fatalities, with 19 active duty personnel.

The entire past year has had Frederick and Uniszkiewicz completely immersed in trying to stop the spread of COVID-19, from initial pandemic planning to the current long hours of mass vaccination administration. The operational tempo has been unrelenting.



Many of the mitigation strategies to protect staff, patients and visitors that were enacted are still in place, such as adhering to CDC guidelines of mandatory mask wearing, social distancing and frequent hand washing. Health protections measures are still in place, including decreasing foot traffic throughout the facility and implementing a drive through screening and triage process, following CDC criteria to effectively assess those arriving on base.

There were many questions and innumerable queries. The command Preventive Medicine department was inundated with verifying any possible COVID-19 cases, as well as undertaking the time-consuming task of contact tracing, and also collaborating with other partners such as the local Kitsap Public Health District.

There were also more than a share of rumors, misinformation and innuendoes, ranging from outlandish generalizations to unproven simplifications.

One local resident appealed to the city mayor to limit Navy personnel movement in the community and institute restrictive guidance for Sailors commuting to and from. Another hinted to the mayor that local naval base and shipyard workers were spreading the virus unchecked.

Throughout it all, NMRTC Bremerton remained open and committed to operational mission needs, ensuring the Navy fleet was a medically ready force being supported by a ready medical force.

Yet in response to the significant public health challenges posed by COVID-19, some services were reduced in accordance with guidance provided by the CDC and the Defense Health Agency. The reduction was designed to shift medical assets and resources to meet the demands of the pandemic by allowing medical professionals to evaluate and treat affected patients, and also deploy staff to support efforts nation-wide.

Several strategies were used to ensure patients' healthcare needs were addressed while complying with social distancing guidance. Primary and specialty care clinics employed virtual health resources on a much broader scale, maintaining direct communication between providers and patients.

As efforts continued to get rid of the virus, continue normal duties, and maintain a healthy work-life balance, staff became creative, flexible, and resourceful in caring for self and one another, as well as caring for patients.

With the command fitness facility closed, Navy physical readiness test postponed and interactive mobility curtailed, Hospitalman Alexandria Lee knew that six feet was still just a fathom away. She began running 4,400 fathoms – five miles for those less nautically inclined - in pre-dawn workouts before duty, a distance that became routine during the work week.

“Almost every day since the base gym closed due to COVID-19,” said Lee, with the Pediatrics department.

NMRTC Bremerton’s obligation to continue to support mission readiness during the protracted pandemic in the third largest fleet concentration area was persistently put to the test and the efforts were lauded by Navy leadership.

Rear Adm. Blake L. Converse, Commander, Submarine Force, U.S. Pacific Fleet, contacted Capt. Shannon J. Johnson, NMRTC Bremerton commanding officer, on behalf of his submariners, thanking her command’s leadership and Sailors for their support to the Pacific Submarine Force during the pandemic.

“Through these uncertain times, your team took care of my Sailors in a disciplined yet compassionate manner,” wrote Converse, on receiving timely, needed COVID-19 swab testing for boat crews prior to deployment. “It is clear that NMRTC Bremerton has every Sailor in their best interest. Your efforts contribute to the submarine force’s mission readiness.”

NMRTC Bremerton also opened the inaugural COVID-19 Asymptomatic Testing (CAT) Clinic in July to perform sentinel surveillance testing for commands in the Pacific Northwest area of operation. The clinic was designed to test asymptomatic service members from their respective command, pre-operative surgical patients and those deemed necessary for traveling purposes.

“It was a lot of coordination and hard work to make our CAT Clinic ready for prime time. The clinic allowed us to maintain the Urgent Care Clinic for what it’s designed to do, which is treat those sick and in need,” remarked Lt. Cmdr. Mia Jin, CAT Clinic coordinator and Public Health Emergency Officer.



As the pandemic continued past the long Labor Day weekend, a smoky pale was cast across much of Puget Sound by fast-moving wildfires, making the air quality unhealthy and conceivably contributing to a host of associated health risks that mirror COVID-19 symptoms.

“The smoke exasperated any existing underlying condition,” noted Uniszkiewicz, acknowledging similarities between COVID-19 and wildfire smoke. Both can wreak havoc on a person’s respiratory and immune systems.

Hospital Corpsman 1st Class Omar Garcia-Argueta, respiratory therapist assigned to Internal Medicine & Specialty Clinics, was actively engaged reminding patients, as well as staff, “to do their best to avoid prolonged exposure to the smoke due to the fact that it can irritate the eyes, nose, throat and lungs.”

As part of the Puget Sound Military Health System along with Madigan Army Medical Center and Naval Health Clinic Oak Harbor, NHB also began to reach out to all eligible beneficiaries to inform them not to let COVID-19 keep them from their medical and dental appointments.

‘Don’t delay’ was the message.

Wellness and preventive visits resumed, including prioritized care for high risk patients and previous preventive care that was deferred, particularly for maintaining operational and mission readiness. Additionally, the use of telehealth and virtual health for care delivery would continue as appropriate.

As the holiday season(s) approached, the annual influenza vaccination became available, initially provided to healthcare workers and active duty personnel, followed by all eligible family members of active duty and retirees. The flu shot exercise was modified from years’ past, with social distance protocols in place and cloth-face coverings mandatory.

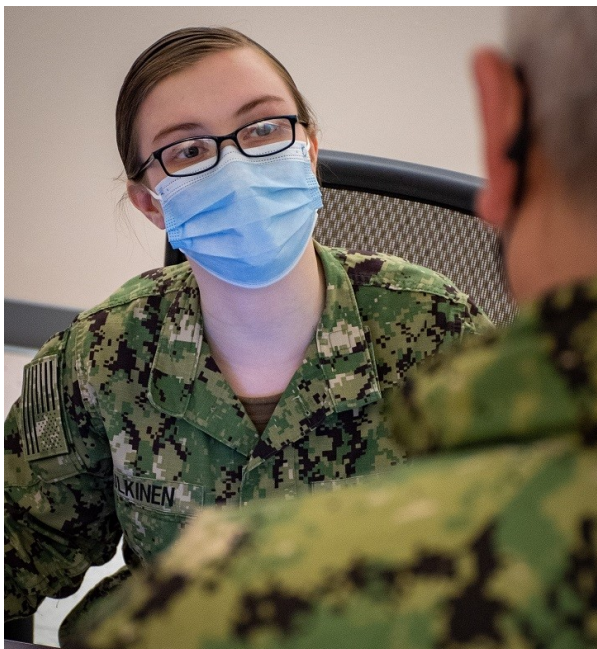
“It was important to take care of the one – influenza – before we have the vaccine to effectively take care of the other – COVID-19,” stressed Uniszkieicz.

“We remain agile and dedicated to providing the highest quality healthcare available to our Sailors, Marines, and their families during the ongoing COVID-19 pandemic,” stated Capt. Shannon Johnson, NMRTC Bremerton commanding officer, noting that along with protecting beneficiaries, the hospital still prioritizes mission readiness, as well as supporting the whole-of-government effort.

To that end, NMRTC Bremerton’s role in this national effort involves continuous collaboration between healthcare providers, emergency managers, public health officers and hospital leaders, to stop the spread of the outbreak.

The viral foe has proved difficult to eradicate.

But not impossible to eliminate, as NMRTC Bremerton continues public health measures in place to daily work towards a faster and sustainable recovery and defeat of COVID-19.



Winter Storm doesn't deter patient nutritional needs

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs -- A near record snowfall, icy roadways and freezing temperatures did not deter Navy culinary specialists from helping care for admitted patients at Naval Hospital Bremerton.

When a recent winter storm curtailed services at many naval bases across the Kitsap Peninsula, Culinary Specialists Third Class Henry Roman and Anthony Roth trekked in on a stormy Saturday morning to ensure all Labor and Delivery patients were provided nutritional needs during their stay.

“Bottom line; they don’t come in, those patients don’t eat. They came in and took care of business. Neither of them were on duty that weekend, but they both could get here. They rogered up, took the responsibility and ran with it,” said Chief Culinary Specialist Donald Simpkins, Nutrition Management leading chief petty officer.

“The service our galley provides is vitally important to our patients, and also to our staff. Without them, our patients can’t eat. Whether in labor or post-partum, a mom needs nutrition to supply nutrition,” echoed Lt. Keerstin Whitefield, 4OB department head.

NHB/NMRTC Bremerton’s Labor and Delivery delivered 396 in 2020, numerically less than the 503 from the year before, yet just as each has specific pregnancy needs, there can also be distinctive dietary requirements. Towards that obligation, Roth and Roman worked from 5:30 a.m. to 7 p.m. that day, providing breakfast, lunch and dinner servings to one mother in labor and a mom and newborn couplet.

“After getting here through the snow, they broke down each patient’s nutritional needs and made sure that all their nutritious requirements were met including safeguarding against any possible allergies. Every patient under their nutrition care was provided wholesome, balanced meals,” Simpkins said.

For Roth, a Denver, Colo. native, the weekend snow was simply a reminder of home.

“I have 4-wheel drive, which 99 percent of us learn is good to have during a Colorado winter. It was really no big problem for me to make it in,” said Roth, noting that as soon as he was on the job he checked the number of patients, their dietary/nutritional needs and if there was any allergies.

“We gathered the supplies and ingredients for meals and made sure there was snack bags for each patient with some sort of fruit – mango, peach, apple sauce – jam and jelly, peanut butter, and bread,” Roth added.



Roman, from Tampa, Fla., heard on Friday the inclement weather might cause problems for duty crew to get to work. He was ready to step in if needed, being a short walk away currently living in the command's bachelor enlisted quarters.

“We even had one staff member get stuck in the snow. They needed me. Coming in was the right thing to do. I like my rate and was ready,” said Roman.

Nutritional needs to maintain a healthy pregnancy – before, during and after childbirth – are essential for the new mom and newborn.

“Childbirth forces the body to work hard and is roughly equivalent to running a marathon. This equates to a lot of burned calories. Nutrition after childbirth is essential because it can help a mother muster the energy for weeks of sleepless nights ahead, caring for the new addition, physical recovery from the labor itself, and breastfeeding. Providing patients a meal with a variety of foods from each of the basic food groups is part of our Galley commitment to patient care and excellence,” explained Lt. Lorna H Brown Nutrition Management department head, registered dietitian and certified breastfeeding specialist.

Along with helping to care for prospective and postpartum mothers, there are also a number of resources offered to anyone eligible to improve their nutritional intake and eating habits.

The Nutrition Clinic offers one-on-one consultations and a variety of classes including Basic Nutrition, Fundamentals of Diabetes, Diabetes and Healthy Eating, Gestational Diabetes, and Prenatal Nutrition.



Stocking the pantry for patients... Culinary Specialist 3rd Class Henry Roman readies supplies for patients in Labor and Delivery. Roman teamed up with CS3 Anthony Roth on a winter storm weekend to ensure the nutritional needs of expectant and post-partum mothers were properly met. Terrace Dining Galley staff are part of the overall high-reliability organization team in caring for patients, entrusted with providing each patient with their specific dietary requirements (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton PAO).

I am Navy Medicine – from undersea to shore – Lt. Brad O’Keefe

As related to Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Pediatric Nurse Practitioners rarely have a background that directly ties to a lost WWII submarine ‘On Eternal Patrol,’ but such is the case for Navy Lt. Brad O’Keefe.

As a young hospital corpsman and diving medical technician, the Nampa, Idaho native was part of a team that located the wreck of USS Lagarto (SS-371) in the Gulf of Thailand in 2005, presumed sunk in 1945 during an engagement with an Imperial Japanese Navy convoy.



From that hidden undersea depth of 230 feet to an accessible shore based locale, O’Keefe epitomizes the operational range and great lengths which Navy Medicine can – and does - support active duty, past and present, with patient centered care.

On Sept. 6, 2000, O’Keefe enlisted and became a hospital corpsman. His decision was based upon his self-described ‘lifelong calling to help people.’

“The nation was in peacetime and I was looking for a challenging career change that would allow me to fulfill that calling. The Navy and my mentors offered me a chance to fulfill that calling,” said O’Keefe.

His formative years growing up in Idaho provided ample opportunities to engage in a variety of activities including fishing, hiking and skiing.

“And being rowdy,” asserted O’Keefe. “I married my fabulous wife Shannon in March, 2000. Together we made a decision to join the Navy as a new adventure, together.”

The Navy has afforded them the chance to travel and expand, both professionally and personally. They have been stationed in California (twice), Florida, Hawaii, Rhode Island, and currently assigned to the Pediatric Department.

“I have been a general duty corpsman, diving medical technician, Navy Nurse Corps officer, and now a Pediatric Nurse Practitioner. All of these roles have allowed me to experience a wide depth of responsibilities from medical records department, diving emergency manager, staff nurse/division officer, to medical provider. My duty stations include sea duty, clinic, naval hospital, and duty under instruction at school,” said O’Keefe, who graduated from the University of Washington, March 13, 2020.

The current ongoing pandemic outbreak has O’Keefe, working alongside other hospital staff members, helping to stop the spread of COVID-19 to protect staff and patient.

“My current role is to educate on the dangers and reduce the spread of COVID-19, such as handwashing, mask wearing, social distancing, and staying home if you are sick,” O’Keefe said, who attests his duty as a naval officer to care for others in need has been a constant theme throughout his chosen medical field vocation.

“I have always loved helping people in their time of need. Being a Pediatric Nurse Practitioner allows me the opportunity to be of service to others and their families. My past experience as a nurse, I believe, allows me to form closer relationships with my patients, allowing me to better meet their needs,” explained O’Keefe.

There have been several notable aspects in his Navy career, highlighted by becoming a Pediatric Nurse Practitioner and fulfilling his lifelong ambition of helping others and making families smile; commissioning as an ensign in the Navy Nurse Corps, and becoming a Navy diver and discovering the WWII sunken sub, USS Lagarto.

“And helping to change the crew’s status – an estimated all hands loss of 88 - from MIA (Missing in Action) to KIA (Killed in Action),” added O’Keefe. “I love being part of NMRTC Bremerton team. Keeping the Navy war fighter and their families healthy and informed is a collaborative effort. I am proud to play an important role in that effort.

With the Navy surgeon general priority on operational readiness and the core mission of ensuring fleet and force medical readiness with a ready medical force, O’Keefe’s commitment to those entrusted in his care continues to be unwavering during the ongoing pandemic.

“The Navy war fighter’s duties require their complete focus. It is my duty to keep their families happy, healthy, informed, and safe,” stated O’Keefe. “I am proud to say that I am a Pediatric Nurse Practitioner and Advanced Practice nurses play a vital role in healthcare.”

When asked to sum up his experience with Navy Medicine in one sentence, O’Keefe replied, “It has been a journey I will never forget!”

A worrying condition with severe effects explained

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- National Eating Disorder Awareness Week – Feb. 23 to March 3, 2021 – brings focus on an issue that is misunderstood and misjudged by many.

According to the National Institute of Mental Health (NIH), the commonly held misconception is that any type of eating disorder is a lifestyle choice.



They're not.

Eating disorders considered serious. Oftentimes they can be fatal illnesses, associated with severe disturbances in people's eating behaviors and related thoughts and emotions.

Preoccupation with food, body weight, and shape may also signal an eating disorder. The most common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.

Defense Health Agency military treatment facilities like Navy Medicine Readiness and Training Command Bremerton have trained professionals to help those in need with a eating disorder.

"Eating disorders are serious illnesses affecting eight million Americans at any given time. They're complex mental health conditions that often require the intervention of medical and psychological experts to alter their course. It is a mental disorder defined by abnormal eating habits that negatively affect a person's physical and/or mental health," explained Lt. Lorna Brown, NMTRC Bremerton Nutrition Management department head and registered dietitian.

Brown attest that there are three main types of eating disorders: anorexia, bulimia and compulsive overeating.

- **Anorexia** involves a severe restriction of calories; there may be a fear of weight gain and strict "rules" about eating.
- **Bulimia** can involve these same fears and restrictions, but also involves bingeing and purging. This involves vomiting, exercise or use of laxatives.

People with *compulsive overeating* disorder eating large amounts of food to cope with feelings. Food is often eaten without attention to hunger or fullness.

The NIH lists eating disorder symptoms such as extreme restricted eating, excessive thinness (to the point of emaciation), a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight; intense fear of gaining weight; and distorted body image, a self-esteem that is heavily influenced by perception of body weight and shape, or a denial of the seriousness of low body weight.

"Signs and symptoms include chronic dieting, hiding food in strange places to eat later, fear of

not being able to control eating, trips to the bathroom following meals and sometimes running water to hide the sound of vomiting, are a few of them,” said Brown, noting that any eating disorder can have negative effects on a person.

“Eating disorders affect health in many ways. They put nonstop strain on someone’s body and brain. The lack of nutrition can lead to vitamin and mineral deficiencies, hormone loss and electrolyte imbalances,” continued Brown, acknowledging that although anyone could be have such an eating disorder, they generally belong in two specific groups.

“While anyone can suffer from an eating disorder, they are most common in teen and young adult women,” Brown stated.

Compiled research indicates that eating disorders can affect people of all ages, racial/ethnic backgrounds, body weights, and genders. Studies also echo Brown’s assertion that eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life.

These disorders affect both genders, although rates among women are higher than among men. Like women who have eating disorders, men also have a distorted sense of body image.

“Eating disorders are an illness that takes over someone as they struggle with disordered beliefs about their weight and shape, a lack of self-esteem, and the constant social emphasis placed on body image. It is not a choice or a lifestyle,” Brown commented.

Researchers also have discovered that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors, and are using advances in technology and science to better understand eating disorders. Above all else, stresses Brown, an eating disorder needs treatment.

“All forms of eating disorders can be fatal. One in 10 people with an eating disorder will die as a direct result of the illness. It is critical for anyone with symptoms of an eating disorder to seek professional help. Early treatment gives the greatest chance for a full recovery,” said Brown.

An eating disorder over time can lead to thinning of the bones, mild anemia and muscle wasting and weakness, lethargy, and a drop in internal body temperature causing someone to feel cold all the time. Even severe constipation, heart damage and brain damage.

Brown attests that when someone is diagnosed with an eating disorder, there is overlapping benefit available from Nutrition Services as well as Mental Health Counseling. Treatment is available and plans can be tailored to a person’s specific needs.

“Often these patients are best treated with the addition of Inpatient Care and a professional treatment team that offers Dialectical Behavioral Therapy (DBT) or Cognitive Behavioral Therapy (CBT) to avoid relapse and to facilitate recovery.

This may depend on how long a person has been struggling with this disorder,” said Brown, advocating for anyone with questions or concerns to talk to their health care provider or contact a nutritionist/dietitian.

More than a measure of support by Labor and Delivery staff

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- It's not often that Labor and Delivery nurses conduct measurements in inches instead of centimeters.



Such was the case during a recent winter storm, which blanketed the Pacific Northwest with near record snow and icy conditions over the long President's Day weekend.

The inclement weather conditions led a handful of Navy Medicine Readiness and Training Command (NMRTC) Bremerton Labor and Delivery staff to stay after their shift ended to continue providing patient-centered care to admitted patients, thus limiting other staff members from dealing with hazardous road conditions.

"They stayed overnight, in the hospital, during the snow storm to ensure that the patients would be taken care of for the next shift and in case they weren't able to make it back in due to the snow. Even our ward clerk stayed the night," said Lt. Keerstin Whitefield, NMRTC Bremerton 4OB department head.

Those who stayed on duty were Lt. j.g. Natalie Arriaga, Registered Nurse (RN) Camilla Bowman, RN Amylisa Myers, RN Barbara Remedios, RN Robin Singer, and ward clerk Frank Torres.

"We knew we could get home before the weather got worse, but that it wouldn't be as easy getting back into work to relieve our co-workers. It was our responsibility to handle the need and take control caring for our patients," Myers said.

“It just made sense to stay on and it was good to know that if I was staying, I was not alone,” added Remedios.

All prospective patients were contacted prior to the storm arrival, informing them that although Labor and Delivery would be open and available, if they truly didn’t feel they needed to come in, to continue to closely monitor their pregnancy and stay safe at home.

“We did have a patient come in who delivered on that Sunday, a valentine day baby,” remarked Myers.

NMRTC Bremerton’s Labor and Delivery delivered 396 babies in 2020, and a baby is ready, the L&D staff are always prepared to help with the birthing process.

“We worked ‘port and starboard’ shifts. It’s what we do, always ensuring we had enough of us available at any time,” noted Remedios.

Despite the precautionary steps taken to limit the need for others to come in, there were those who made the trek in for their work shift, such as Suzanne Pichler.

“They also deserve a lot of credit just for making the drive when the roads weren’t that safe,” Remedios said.

Despite the additional time spent on duty, there were opportunities to stretch their legs, take a well-deserved break, and get out of Labor and Delivery to witness – and measure - the results of the winter storm.

“Yes, the snow in places outside our hospital was up to 10 inches,” exclaimed Remedios.

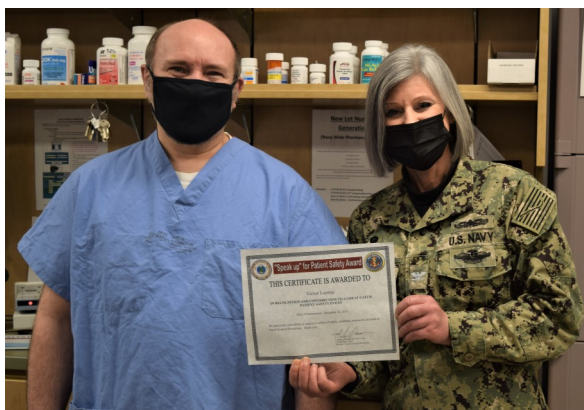
There was some regret in pulling the back to back shifts.

“Being away from home is always hard,” Remedios said.

“I missed family playing in the snow,” mentioned Myers.

According to a metric conversion chart, those 10 inches of snow actually equate to 25.4 centimeters (cm) on the metric system.

Trust Labor and Delivery nurses to know the difference, one measurement at a time.



**Great
Catch
Award**






NHB/NMRTC Bremerton Scenes...



**DON'T GO TO BATTLE
WITHOUT YOUR MOST
IMPORTANT WEAPON**



**PROTECT YOURSELF
GET IMMUNIZED
AGAINST COVID-19**

